must be applied to all the diseased surface, and must be proportioned to the severity of the attack.—*Med. Times and Gaz.*, 17th Feb., 1855, from *Archiv für Ophthalmologie.*

62. *Trephining the Os Unguis for Fistula Lachrymalis.*—M. DEMARQUAY, of Paris, has revived this operation, which he claims as *new*, and takes credit to himself for devising it. What is more remarkable, the English Journals give it as a novelty without comment, and thus sanction the claim.

The operation was performed by Mr. Pott, who used a trocar for the purpose, and by Mr. Hunter, who had constructed an instrument like a shoemaker's punch, by which a circular piece of bone could be cut out completely. The late Dr. Physick used to mention the operation in his lectures, and we are under the impression that he performed it in a few cases. Like most French discoveries in ophthalmic surgery, it is an old practice long since abandoned.

MIDWIFERY.

63. *Case of Presentation of the Bladder in Labour.* By ALEX. HARVEY, M. D. —Mrs. M——, æt. 28, was taken in labour of her first child on the evening of Tuesday, the 4th July last, some weeks before the expected time of her delivery. She sent for me the same evening, when I found her complaining of pains in the lower part of the abdomen, both behind and in front, and likewise round the hips. She had an opiate given her, which had the effect of relieving, indeed, of removing the pains, and procuring for her a comfortable night's rest.

The pains returned next morning. On examining her per vaginam, the os uteri was found slightly dilated. In the evening the pains had become more decided and regular, and the os uteri more fully dilated. No bag of waters could be discovered, and the patient was not aware of its having broken. The presentation was ascertained negatively. It was not the head, but its real nature remained doubtful.

At 3 A. M. of the following day, the os uteri was pretty fully dilated, and the pains were good. The presentation, however, was still uncertain. It seemed impossible to doubt that what had all the characters of feet could be aught else; but the limbs connected with them, besides being themselves extremely small and tiny, ended in what seemed certainly not a breech, and very exactly resembled the shoulder. No anus could be felt, nor organs of generation. The limbs were brought down, and proved to be the feet and lower extremities.

The pains continued vigorous, but the child descended very slowly till about 1 o'clock in the afternoon, after which the labour advanced steadily, although still very slowly, till about 3 o'clock, when the entire fœtus was expelled by one strong pain.

Altogether, the labour occupied above thirty-six hours.

For some time before the delivery of the woman, and after the full dilatation of the os uteri, the presentation was as follows: The front of the child was to the spine of the mother; the trochanters and head of the thigh bones, which were in connection with a bony surface of very limited extent, and (as before observed) very closely resembling the top of the shoulder, lay behind the pubis. Filling the hollow of the sacrum was the front of the abdomen, lying remarkably low down and pressing on the perineum, occupying besides, to a great extent, the cavity of the pelvis.

At the moment of delivery, and for some time previous to this, this abdominal mass, in the form and shape of a large round swelling, which was tense, elastic, and unyielding, filled up the whole outlet; the breech, or what appeared to be the breech, being pushed upwards behind the pubis. The mass in question passed through with extreme difficulty, and with corresponding anguish to the mother.

The child was stillborn. On examining it, it was found that there were no buttocks, and that the bony pelvis was but imperfectly developed, small and insignificant. There was no anus, nor any trace of one. A projecting fold of skin of a livid colour occupied the site of the scrotum or labia, and had a shallow imperforate fissure in the centre of it.

The abdomen (speaking comparatively) was of enormous size, and was distended by what was manifestly fluid in its interior. It encroached upwards on the chest, which was preternaturally short and narrow. The child's neck was apparently wanting, and the head was small, elongated, and livid, but not otherwise abnormal.

The general surface presented marks of incipient decomposition.

On laying open the abdomen, the urinary bladder was found occupying the greater part of its cavity. It formed a round or oval tumour, considerably larger than the average size of the fœtal head. Unfortunately, it was accidentally punctured, and its contents escaping, neither the real nature nor the exact amount of the fluid it contained could be ascertained; but it had the colour and odour of urine; and, judging as well from the apparent capacity of the bladder as from what was seen to escape, the fluid might have amounted to about a pint and a half.

The bladder had no outlet, but the ureters entered it in the usual way, and were pervious throughout. Moreover, the rectum also opened into it, but no indications of the presence of meconium were discovered in the bladder. The condition of the generative organs was not minutely inquired into; but, on a cursory examination, none could be seen, and the sex of the infant was not made out.

The striking feature in this case was the extreme difficulty with which the delivery was accomplished, a circumstance now manifestly referable to the unyielding nature of the fluid in the urinary bladder, which was actually the presenting part, and which, from the action of the uterus upon it, had to make its way by its broadest possible diameter.—*Edinburgh Med. and Surg. Journ.*, April, 1855.

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64. *Abnormal Quantity of Liquor Amnii.*—Dr. James A. Sidey related the following examples of this at a recent meeting of the Edinburgh Obstetrical Society:—

Case 1.—Mrs. B., Stevenlaw's Close, pregnant of her third child, when I saw her in December, 1852, with Dr. Aiken. She said she was six months gone; at that time she was as large as other women at full time. The os uteri was open to about the size of a shilling; the fœtal pulse could not be heard, although examined several times. On the 1st January, 1853, I was sent for, and found her in labour; the abdomen was extremely large, but not pendulous, and the parietes so thin that distinct fluctuation could be felt. I left her, and was again sent for on the morning of the 2d, about 5 o'clock, when I found the os uteri nearly fully dilated, and the pains very rapid and strong, but not the slightest effect produced on the bag of waters, which was tightly stretched across the os. Believing that there was superabundance of liquor amnii, and over distension of uterus, I gave her a dose of ergot, had her brought to the edge of the bed, and ruptured the membranes with a quill, when about *four gallons and a half* of liquor amnii were caught in basins, and a great quantity besides flowed on the bed and over the floor. The child, evidently about the seventh month, was soon born, but dead; had been so for some days; placenta came away of itself. Uterus contracted well, and no hemorrhage followed. Woman made a good recovery.

Case 2.—Mrs. McK., Richmond Street, abdomen pendulous, pregnant of third child, at full time. Said she was much larger than on previous occasions, and thought she would have twins.

Nov. 19, 1854, 10 A.M. Labour was tedious during the first stage, from indurated os from ulcerations; but got great benefit from venes. and tart. ant. and a bandage. The os uteri at length was fully dilated, but after that the pains made no progress; membranes were never pressed down. I had her brought to the edge of the bed, and caught in basins *three gallons* of liquor amnii, a